

Wisconsin Department of Safety and Professional Services

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OPTOMETRY EXAMINING BOARD

TPA ADVERSE REACTION REPORT

Any optometrist certified to use therapeutic pharmaceutical agents shall file with the Department, within 10 working days of its occurrence, a report on any adverse reaction resulting from the optometrist's administration of such agents (Wis. Admin. Code § SPS 10.02).

OPTOMETRIST:

Last Name

First Name

MI

Address: (number, street, city, zip code)

Daytime Phone Number:

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License Number:

PATIENT EXPERIENCING ADVERSE REACTIONS:

Last Name

First Name

MI

Address: (number, street, city, zip code)

Age of Patient:

Presenting Problem: (code)

Diagnosis: (code)

Agent Administered: (code)

Method of Administration: (code)

Date of Administration:

 / /

Patient's Reaction:

Date of Reaction Onset:

 / /

Subsequent Action Taken:

Today's Date:

 / /